

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	1	1					
2		1					
3		1					
4	1						
5	1						
6		1					
7		1					
8	1						
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49							
50							
TOTAL IND.	6		1		1		
TOTAL DEP.	4		1		1		
TOTAL CLAIMS	10						

	*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	51						
52							
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99							
100							
TOTAL IND.			1		1		
TOTAL DEP.			1		1		
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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